

HangAh-Hillside Leadership Club for Girls – Membership Application

Name: _____ Grade: _____

School: _____

Address: _____

Tel: _____ Email address: _____

Hobbies: _____

Interests: _____

Goals in Life:

Goals in School:

Name and Age of Brothers and Sisters:

Father's Name: _____ Occupation: _____
Tel: _____ Email address: _____

Mother's Name: _____ Occupation: _____
Tel: _____ Email address: _____

Parental Permission & Medical Release Form:

I, (print) _____, parent of _____ &
_____ hereby give permission for my daughter(s) to receive
emergency medical care should it be necessary during her/their stay at HangAh-
Hillside Cultural Center.

Parent/Guardian Signature: _____ Emergency Tel. Number _____ Date _____

Referred by: _____

HangAh Hillside is sponsored by the Association for Educational Development (AED), a 501 (c)(3) non-profit corporation established to promote the intellectual, moral and cultural development of persons of all races, nationalities and creeds. All contributions to HangAh Hillside and AED are tax deductible.